

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Charter Certificate  
from Coastline Entertainment LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2022 - 134 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: CoastLine Entertainment LLC

Telephone:

843-942-9493

Address: 164 Ocean Commons Blvd

Fax:

Surfside Beach SC 29575

Other:

Email: coastlineentertainmentmb@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and thus be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☒ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☒ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☐ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other:

RECEIVED  
APR 05 2022  
PSC SC  
MAIL / DMS

js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 3-29-2022

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provisions of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. CoastLine Entertainment LLC  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name).  
164 Ocean Commons Dr Surfside Beach SC 29575  
Street Address of Applicant  
Same as Above  
Mailing Address of Applicant (if different from street address)  
Phone Fax  
coastlineentertainmentmb@gmail.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Webb Bunch 317B 16th Ave S Surfside Beach SC 29575

Kevin Oleksy 164 Ocean Commons Dr Surfside Beach SC 29575

ACCEPTED FOR PROCESSING - 2022 April 5 3:35 PM - SCPSB - 2022-134-T - Page 2 of 18

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	\$0.00	Mortgage/Loan on Real Estate	\$0.00
Value of Motor Vehicles	0	Loans Owed on Motor Vehicles	\$0.00
Cash on Hand	\$20,000.00	Business/Other Loans Owed	\$0.00
Cash in Bank	\$30,000.00	Other Liabilities or Debts	\$0.00
Value of Other Assets and Equipment	\$0.00	<b>Total Liabilities</b>	\$0.00
<b>Total Assets</b>	\$50,000.00		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

-Tours- Based on Individual & tour pricing starting at \$45.00-\$100.00

-Shuttle Service- Based on Individual & event pricing starting at \$25.00-\$75.00

-Private rentals/groups- 3 hr min on weekdays ranging from \$135.00-\$150.00 per hour.  
weekends 4 hr min ranging from \$175.00-\$200.00 per hour.

All private or group rentals will be charged 15%

~~profitability for the driver~~

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input checked="" type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input checked="" type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input checked="" type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

ACCEPTED FOR PROCESSING - 2022 April 5 3:35 PM - SCPSC - 2022-134-T - Page 5 of 18

We currently have not bought a bus. We have a few different ones in mind just waiting on the Repair shop to check them over to make sure they are worth the buy before we make our decision.

[ ] 1-7 Passengers, including driver

[✓] 8-15 Passengers, including driver

[illegible]

# INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

CoastLine Entertainment LLC

Name of Applicant

164 Ocean Commons Dr Surfside Beach SC 29575

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 2536.00

Limits 50,000/100,000/25,000

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000

8-15 Passengers\* \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Progressive Insurance

Name of Insurance Company

6300 Wilson Mills Road Mayfield Village, OH 44143

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

CoastLine Entertainment LLC

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

### Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.  
☒ Yes ☐ No
2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.  
☒ Yes ☐ No
3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.  
☒ Yes ☐ No
4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.  
☒ Yes ☐ No
5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.  
☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

MBR

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF Horry )

SWORN TO BEFORE ME

This 31 day of March, 2022

  
Notary Public

Commission Expires Aug 13, 2031



# *The State of South Carolina*



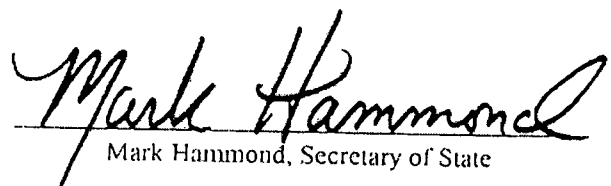
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Coastline Entertainment, LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 23rd, 2022, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 23rd day  
of March, 2022.

  
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Mar 23 2022

REFERENCE ID: 1001191

*Mark Hammond*  
Mark Hammond  
Secretary of State

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic

Filing ID: 220323-1512030

Filing Date: 03/23/2022

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

- 1 The name of the limited liability company (Company ending must be included in name\*)

Coastline Entertainment, LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
164 Ocean Commons Dr.

(Street Address)

Surfside Beach, South Carolina 29575

(City, State, Zip Code)

3. The initial agent for service of process is

Kevin Oleksy

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
164 Ocean Commons Dr.

(Street Address)

Surfside Beach

(City)

South Carolina 29575

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

BOYD NEELEY

(Name)

317 16th Avenue South, Unit C

(Street Address)

Surfside Beach, South Carolina 29575

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Mar 23 2022

REFERENCE ID: 1001191

*Mark Hammel*  
SECRETARY OF STATE OF SOUTH CAROLINA

Coastline Entertainment, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

Kevin Oleksy

(Name)

164 Ocean Commons Dr.

(Street Address)

Surfside Beach, South Carolina 29575

(City, State, Zip Code)

(b)

Webb Bunch III

(Name)

317-B 16th Avenue South

(Street Address)

Surfside Beach, South Carolina 29575

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_.

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Mar 23 2022

REFERENCE ID: 1001191

*Mark Hammond*  
\_\_\_\_\_  
SECRETARY OF STATE OF SOUTH CAROLINA

Coastline Entertainment, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Boyd Neeley

Signature of Organizer \_\_\_\_\_

Date: 03/23/2022

Signature of Organizer \_\_\_\_\_

Date: \_\_\_\_\_

Progressive  
P.O. Box 94739  
Cleveland, OH 44101

**PROGRESSIVE**  
COMMERCIAL

Underwritten by:  
Progressive Northern Insurance Co  
March 31, 2022  
Policy Period: Mar 31, 2022 - Mar 31, 2023  
Page 1 of 3  
Customer Phone number: 1-216-704-9036

Coastline Entertainment, LLC.  
164 OCEAN COMMONS DR  
SURFSIDE BEACH, SC 29575

## Commercial Auto Insurance Quote

Dear Coastline Entertainment, LLC.,  
Thank you for your interest in Progressive.

We're excited about the opportunity to work with you. Below you'll find a quote that's custom-designed around your needs. Our goal is to give you the best and most competitively priced coverage for your business.

### What you get

You get affordable rates, savings opportunities for safe driving, and nationally recognized claims service that keeps you and your business on the road and in business. Most importantly, you get the peace of mind that comes with Progressive's responsive, comprehensive approach to customer service.

By becoming a Progressive customer, you join a confident group of business owners who expect the most from their insurance company. You're important to us. That's why we're here for you 24 hours a day, seven days a week. Whether you need to update your policy, report or check the status of a claim, or simply ask a question, call us at 1-888-814-6494, or you can visit us online at [progressivecommercial.com](http://progressivecommercial.com).

### How you get it

If you're comfortable with your quote, please visit us online at [progressivecommercial.com](http://progressivecommercial.com) or call us any time at 1-888-814-6494 to purchase your policy. And thank you again for thinking of us. We hope we can serve you and your commercial auto needs.

### Policy information

Business: Black Car

### Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$2,536.00
Paid in full discount	-336.00
Policy premium if paid in full	\$2,200.00

### Payment plans

**Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 16.67% Down	\$2,536.00	\$424.42	9 payments of \$216.16 and 1 of \$216.14
10 Payments, 20.0% Down	\$2,536.00	\$508.80	8 payments of \$230.25 and 1 of \$230.20
6 Pay, Seasonal, 20.0% Down	\$2,536.00	\$508.80	5 payments of \$410.44
10 Payments, 25.0% Down	\$2,536.00	\$635.50	8 payments of \$216.17 and 1 of \$216.14
4 Pay, Seasonal, 25.0% Down	\$2,536.00	\$635.50	3 payments of \$638.50
2 Payments, 50.0% Down	\$2,536.00	\$1,269.00	1 payments of \$1,272.00

 Continued

Coastline Entertainment, LLC.

Page 2 of 3

**Make payments by mail** or at [progressivecommercial.com](http://progressivecommercial.com). Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$2,200.00	\$2,200.00	None
11 Payments, 16.67% Down	\$2,586.00	\$432.76	9 payments of \$227.33 and 1 of \$227.27
11 Payments, 20.0% Down	\$2,586.00	\$518.80	10 payments of \$218.72
10 Payments, 20.0% Down	\$2,586.00	\$518.80	8 payments of \$241.69 and 1 of \$241.68
6 Pay, Seasonal, 20.0% Down	\$2,586.00	\$518.80	5 payments of \$425.44
10 Payments, 25.0% Down	\$2,586.00	\$648.00	8 payments of \$227.34 and 1 of \$227.28
4 Pay, Seasonal, 25.0% Down	\$2,586.00	\$648.00	3 payments of \$658.00
4 Pay, Quarterly, 25.0% Down	\$2,586.00	\$648.00	3 payments of \$658.00
2 Payments, 50.0% Down	\$2,586.00	\$1,294.00	1 payment of \$1,304.00
Outside Premium Financing	\$2,586.00	\$2,586.00	None

### To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call Progressive at **1-800-895-2886**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

### Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of Birth	Points	Additional information
Webb Bunch			

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$1,576
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist			205
Bodily Injury	\$25,000 each person/\$50,000 each accident		
Property Damage	\$25,000 each accident	\$200	
Underinsured Motorist	Rejected		--
Medical Payments	Rejected		--
Comprehensive			150
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			603
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$2,534</b>
UM Fund Fee			2
<b>Total 12 month policy premium and fees</b>			<b>\$2,536</b>

Coastline Entertainment, LLC.

Page 3 of 3

**Auto coverage schedule**

1. **2013 FORD e250** Stated Amount: \* \$15,000 (including Permanently Attached Equip)  
 VIN: **Not Provided** Garaging Zip Code: 29575 Radius: 50 miles  
 Personal use: N Body type: Passenger Van

Liability Premium	Liability Premium	UM Premium			
	\$1576	\$205			
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500/\$0	\$150	\$2,500	\$603	\$2,534

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

**Premium discount**

Policy

Electronic Funds Transfer

Please review all the information on your quote for accuracy. Incomplete or inaccurate information could alter your rate, and rates are subject to verification. If you have any questions, please call us at 1-888-814-6494.

Form QUOTE (03/17)

IRS DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 03-23-2022

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at  
1-800-829-4933

COASTLINE ENTERTAINMENT LLC  
KEVIN OLEKSY MBR  
164 OCEAN COMMONS DR  
SURFSIDE BEACH, SC 29575

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

By applying for an Employer Identification Number (EIN). We assigned you an EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1065

03/15/2023

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, estate, trust, EPME, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

## IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is COAS. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

9999999999

Your Telephone Number Best Time to Call  
( )

DATE OF THIS NOTICE: 03-23-2022  
EMPLOYER IDENTIFICATION NUMBER: 88-1375889  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999 0023  
[Barcode]

COASTLINE ENTERTAINMENT LLC  
KEVIN OLEKSY MBR  
164 OCEAN COMMONS DR  
SURFSIDE BEACH, SC 29575